STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

January 31, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-10

SUBJECT: AUTHORIZED SIGNATURES -- DHS 2031 (FORMS ORDER)

The Department of Health Services (DHS), Warehouse requires an authorized signature on all Department of Health Services Warehouse Forms Order sheets, DHS 2031, before the Warehouse will release any forms to the counties.

Over the last six months, the DHS Warehouse has received numerous DHS 2031 forms orders that have unauthorized signatures.

Several years ago, counties were requested (ACWD Letter 85-50) to submit to the DHS Warehouse the name and telephone number of their forms coordinator and the name of the person(s) authorized to sign the DHS 2031. A file of the authorized signatures was established by the Warehouse, however many counties have had personnel changes and consequently, authorized signature changes. It is standard procedure for the Warehouse to return the DHS 2031 back to the county or to the State DHS Medi-Cal Eligibility Branch, Forms Coordinator, Craig Yagi for signature and/or authorization. Both procedures are time consuming and delay county receipt of forms.

To insure that the DHS Warehouse records are kept up-to-date, it is requested that each county send a letter to the DHS Warehouse (address below) by March 1, 1989 stating the name and telephone number of their forms coordinator and the name of the person(s) authorized to sign-off on the DHS 2031. The letter should be updated yearly, or sooner, if authorized signatures become invalid. The letter should be directed to:

DHS Warehouse
1723 20th Street
Sacramento, CA 95814

Attention: Patti Fakkema

The above procedure will be incorporated in the Forms Section, of the Medi-Cal Eligibility Manual.

Thank you for your cooperation and if you have any questions regarding the forms ordering process please contact Craig Yagi of my staff at (916) 322-8702.

Sincerely,

Original Signed by

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: January 31, 1989